

FIG. 1

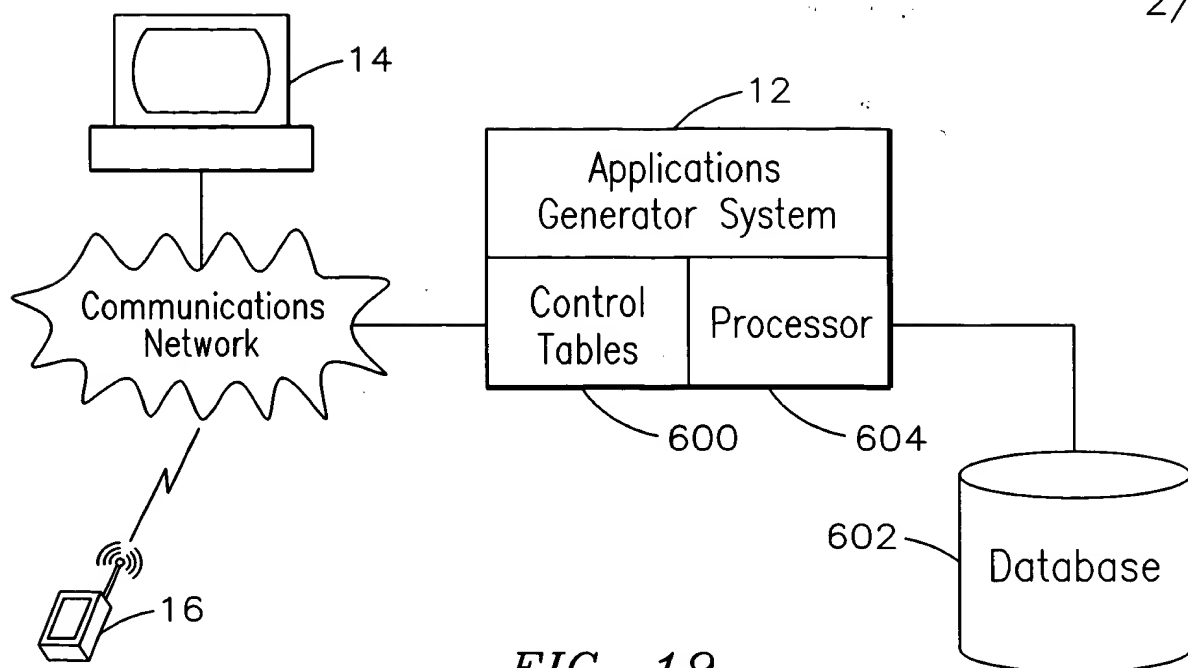


FIG. 19

File Encounter COD and Orders Tools Help Exit Last Menu

Current Open Form New Allergy Data

	Description (*)Required	Input Data
1	* Patient ID	
2	* Short ID	
3	* Allergy Type	NA
4	* Specific Allergy	
5	* Allergy Reaction	
6	* Allergy Remarks	

Save Clear

FIG. 2

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	Current Open Form	New Allergy Data																					
<input type="checkbox"/> Today's Patients 20/017983456 20/234569876 20/345672345 20/345987544 20/543654309 20/665493764 20/987657635 30/298563300 30/333958664 30/432762739 30/876974021	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">#</th> <th style="width: 55%;">Description (*)Required</th> <th style="width: 40%;">Input Data</th> </tr> </thead> <tbody> <tr><td>1</td><td>* Patient ID</td><td></td></tr> <tr><td>2</td><td>* Short ID</td><td></td></tr> <tr><td>3</td><td>* Allergy Type</td><td>NA</td></tr> <tr><td>4</td><td>* Specific Allergy</td><td></td></tr> <tr><td>5</td><td>* Allergy Reaction</td><td></td></tr> <tr><td>6</td><td>* Allergy Remarks</td><td></td></tr> </tbody> </table>		#	Description (*)Required	Input Data	1	* Patient ID		2	* Short ID		3	* Allergy Type	NA	4	* Specific Allergy		5	* Allergy Reaction		6	* Allergy Remarks	
	#	Description (*)Required	Input Data																				
	1	* Patient ID																					
	2	* Short ID																					
	3	* Allergy Type	NA																				
	4	* Specific Allergy																					
	5	* Allergy Reaction																					
	6	* Allergy Remarks																					

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FIG. 3

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	Current Open Form	New Allergy Data																					
<input type="checkbox"/> Summary of Care DD2766 <input type="checkbox"/> Display Summary <input type="checkbox"/> Add Orders History <input type="checkbox"/> Consults <input type="checkbox"/> Labs <input type="checkbox"/> Meds <input type="checkbox"/> Reds <input type="checkbox"/> Display Orders History <input checked="" type="checkbox"/> Consults <input checked="" type="checkbox"/> Labs <input checked="" type="checkbox"/> Meds <input checked="" type="checkbox"/> Reds <input type="checkbox"/> Add Clinical History <input type="checkbox"/> Medical Alerts <input type="checkbox"/> Chronic Illnesses <input type="checkbox"/> Allergies <input type="checkbox"/> Counseling	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">#</th> <th style="width: 55%;">Description (*)Required</th> <th style="width: 40%;">Input Data</th> </tr> </thead> <tbody> <tr><td>1</td><td>* Patient ID</td><td></td></tr> <tr><td>2</td><td>* Short ID</td><td></td></tr> <tr><td>3</td><td>* Allergy Type</td><td>NA</td></tr> <tr><td>4</td><td>* Specific Allergy</td><td></td></tr> <tr><td>5</td><td>* Allergy Reaction</td><td></td></tr> <tr><td>6</td><td>* Allergy Remarks</td><td></td></tr> </tbody> </table>		#	Description (*)Required	Input Data	1	* Patient ID		2	* Short ID		3	* Allergy Type	NA	4	* Specific Allergy		5	* Allergy Reaction		6	* Allergy Remarks	
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	1	* Patient ID																					
	2	* Short ID																					
	3	* Allergy Type	NA																				
	4	* Specific Allergy																					
	5	* Allergy Reaction																					
	6	* Allergy Remarks																					
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Select Allergy Type <input type="button" value="Go Ahead"/> <input type="button" value="Cancel"/> </div>																						
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Food Medication Other </div>																						

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FIG. 4

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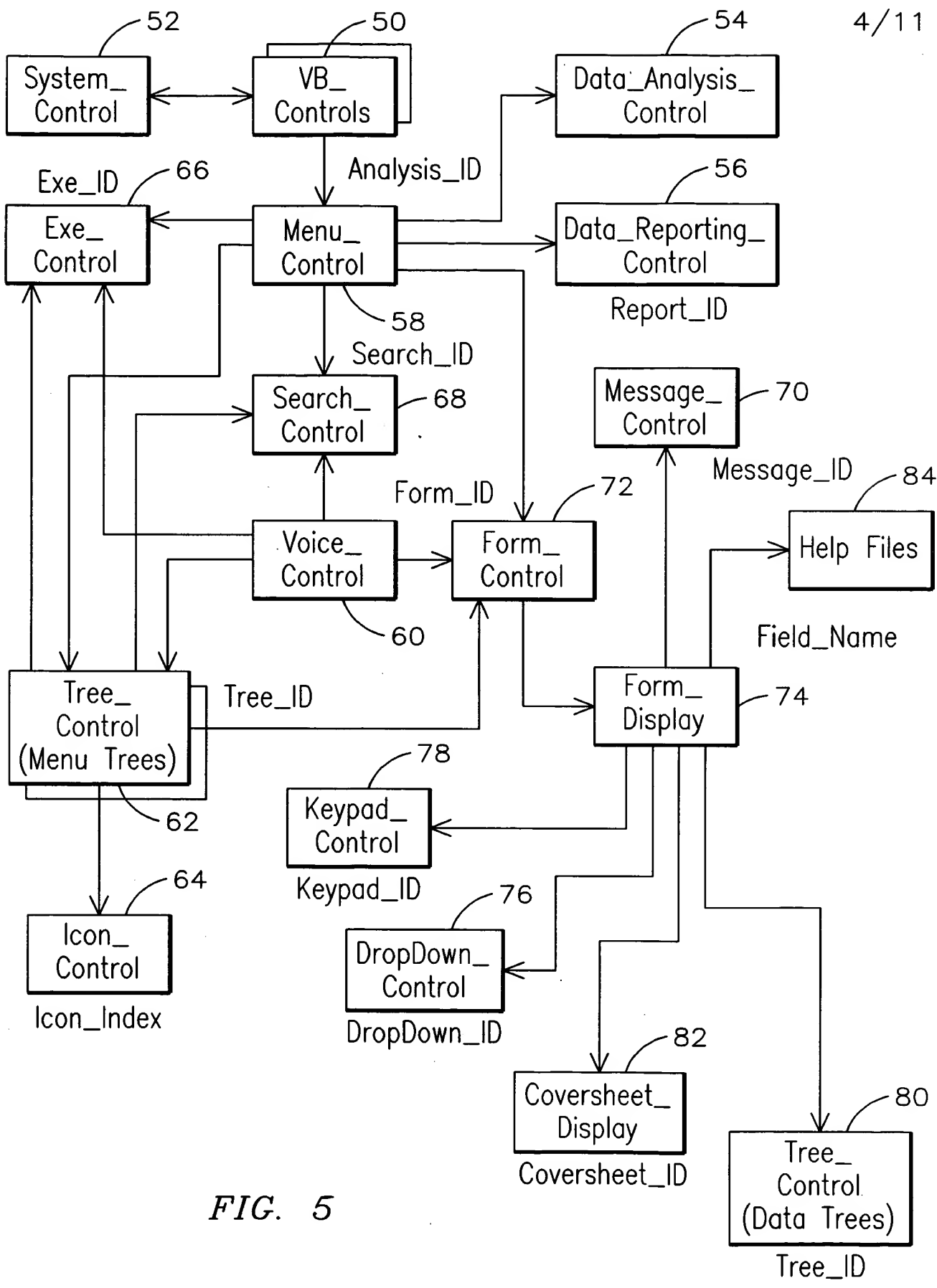


FIG. 5

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Keypad ID	Seq. Number	Display Text	Entry Text
Address_Designation_CD	10	Domestic	US
Address_Designation_CD	20	Foreign	FA
Address_Designation_CD	30	E-Mail	EM

Select Form to Change
New Allergy Data

Select Table to Change
Table List:
CoverSheet_Display
DropDown_Control
Exe_Control
Form_Control
Form_Display
Icon_Control
Keypad_Control
Menu_Control
Menu_Tree
Search_Control
System_Control
Tree_Control
VB_Controls

Save Delete Add Cancel

Select Keypad ID
Address_Designation_CD

Change Keypad Control

Displaying Row Number

Make Changes as Required!

- Keypad_ID
 - Address_Designation_CD
- Seq_Number
 - 10
- Display_Text
 - Domestic
- Entry_Text
 - US

32

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FIG. 6

30

Save Delete Add Cancel

Select Keypad ID
Address_Designation_CD

Change Keypad Control

Displaying Row Number

Make Changes as Required!

- Keypad_ID
 - Address_Designation_CD
- Seq_Number
 - 10
- Display_Text
 - Domestic
- Entry_Text
 - US

Enter Text to Display, Max. 18 Char.

Domestic

Go Ahead Cancel

43

42

FIG. 7

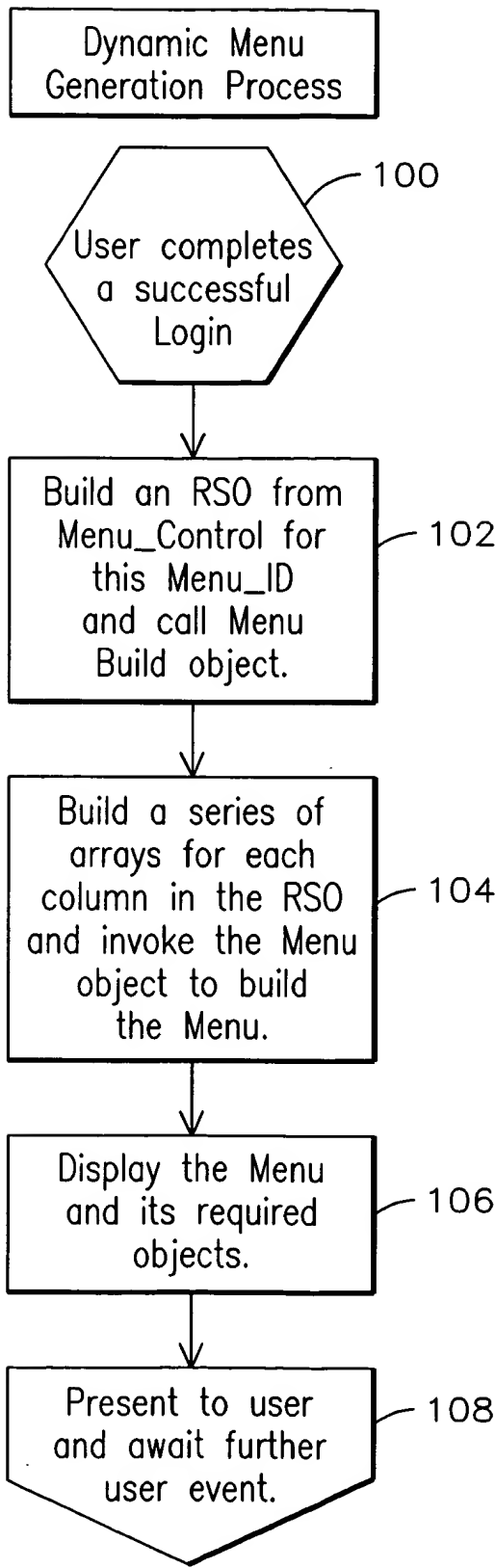


FIG. 8

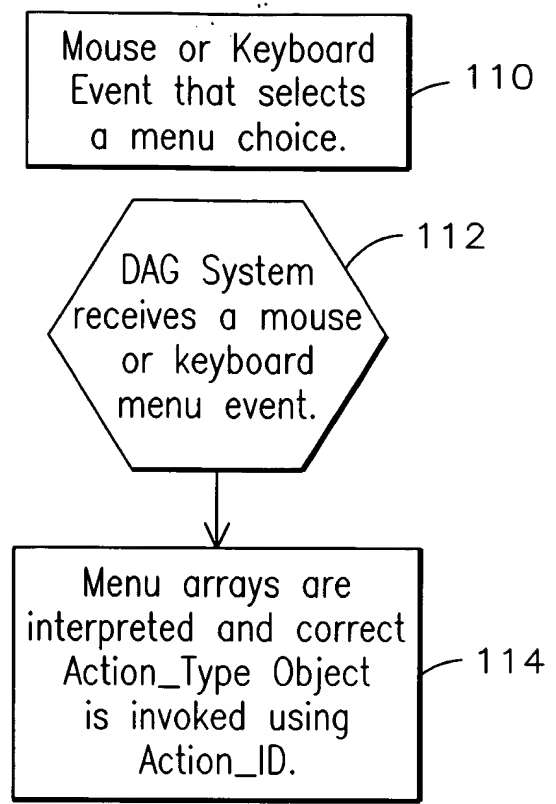


FIG. 9

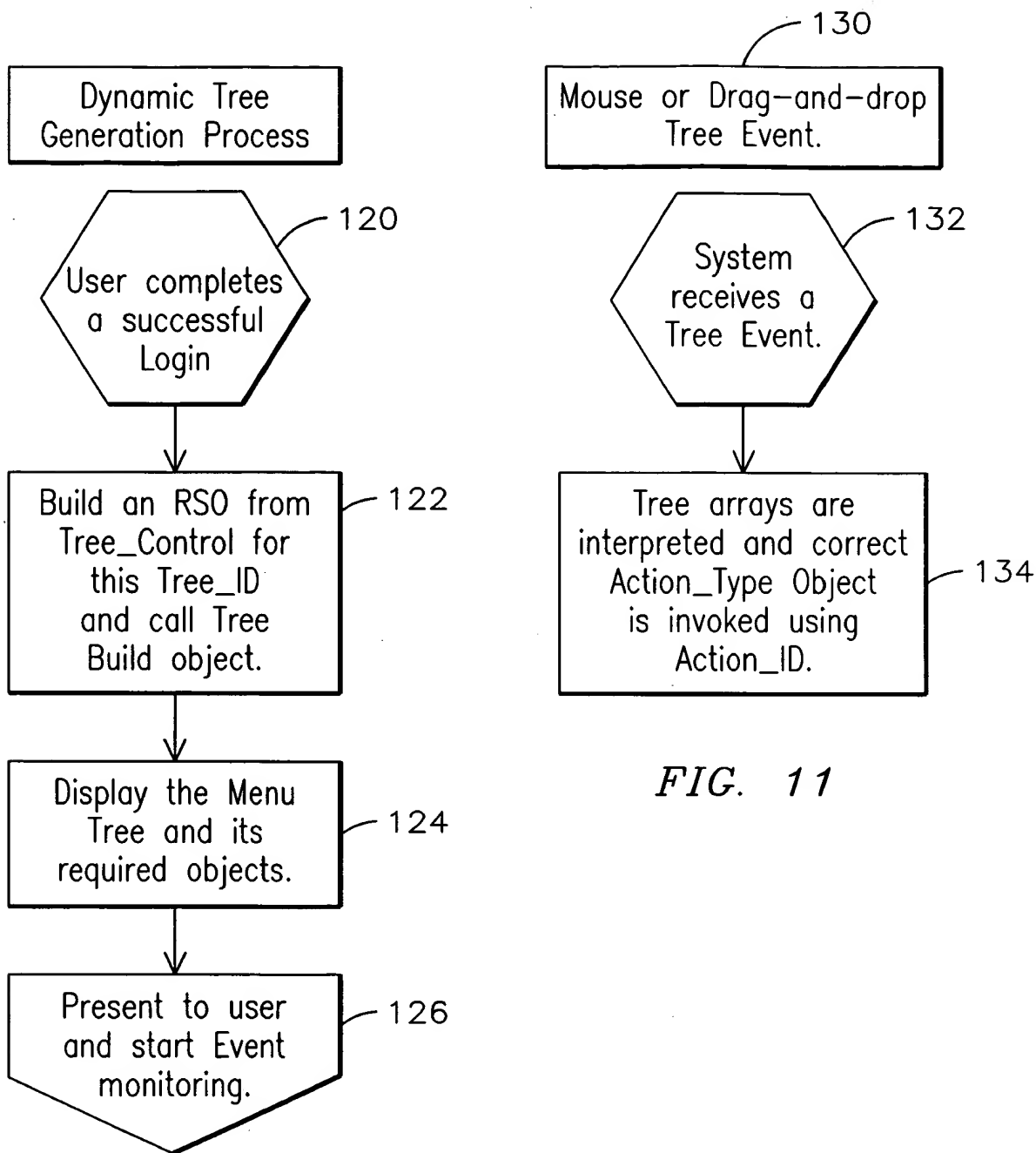


FIG. 11

FIG. 10

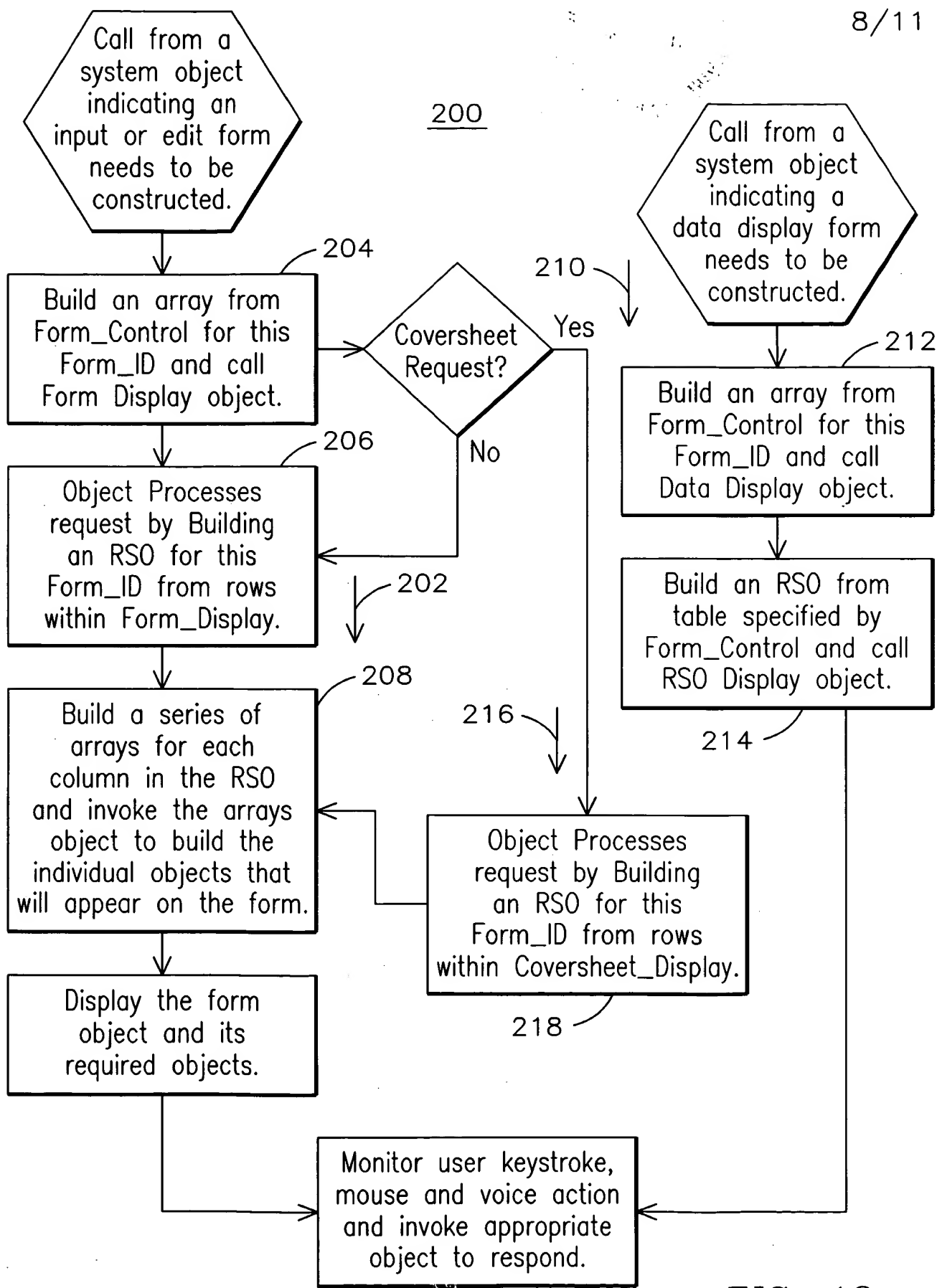


FIG. 12

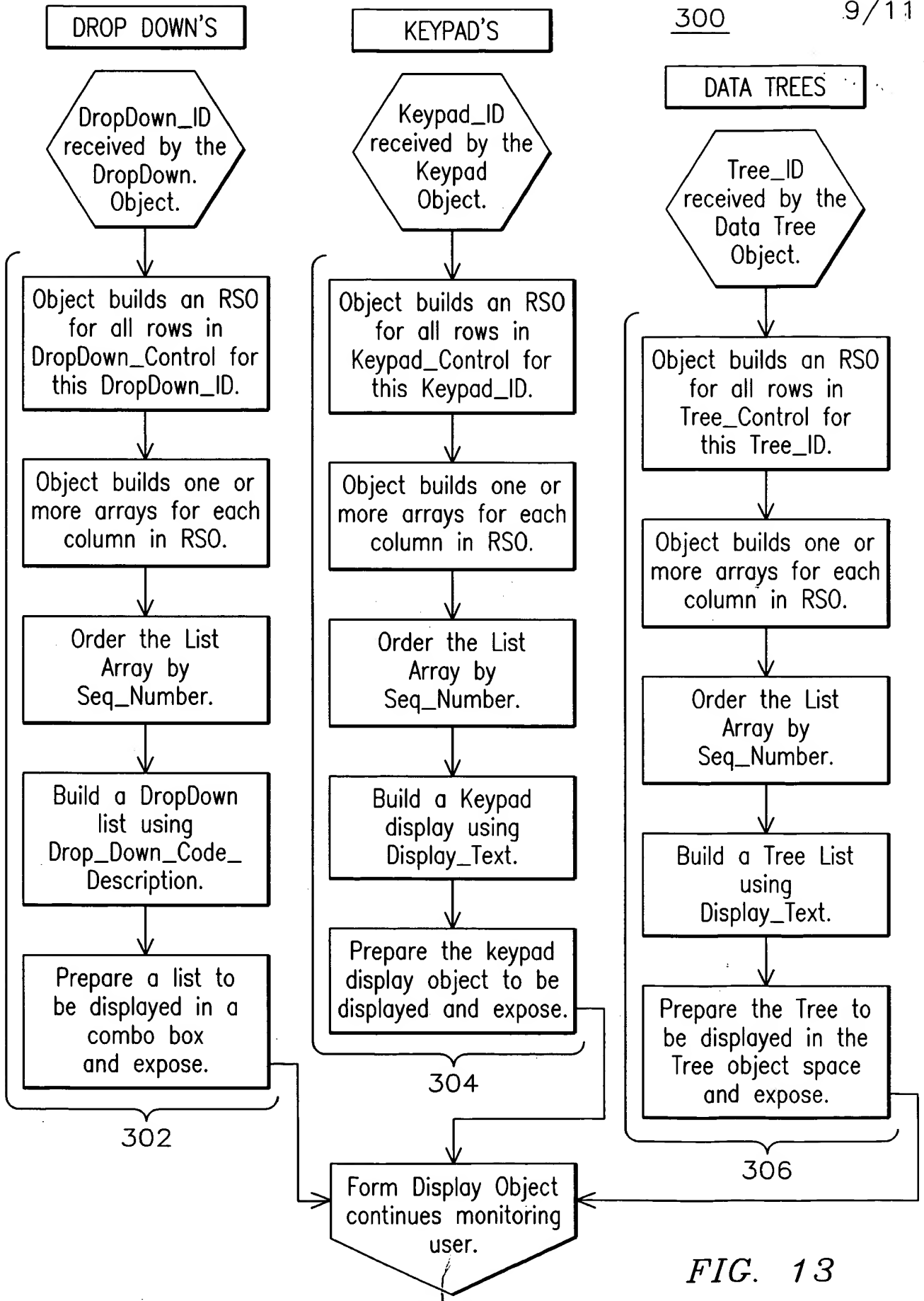


FIG. 13

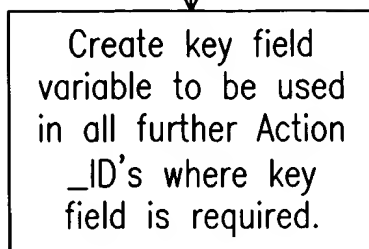
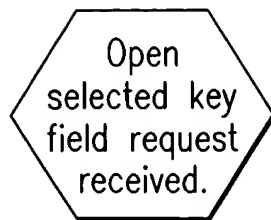


FIG. 16

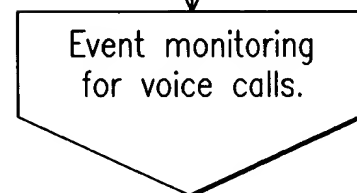
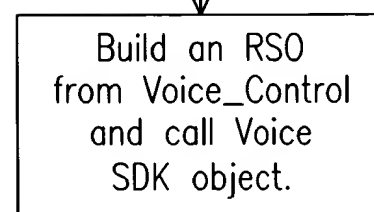
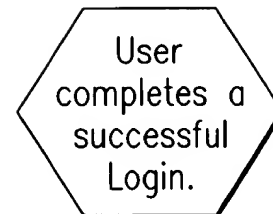
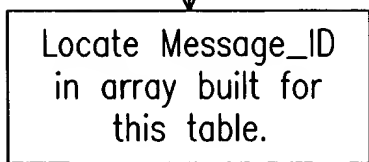
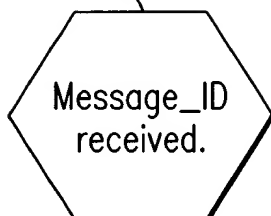


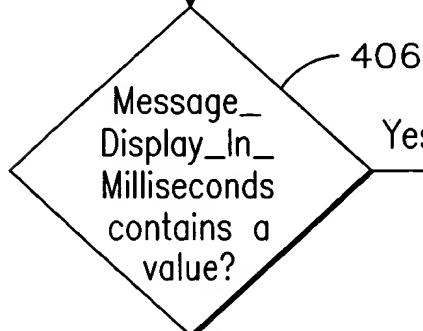
FIG. 17

402

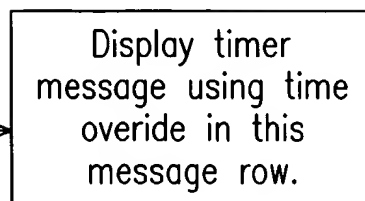


404

400

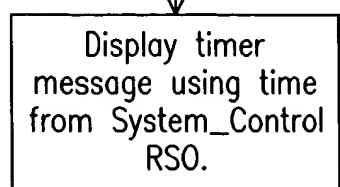


Yes

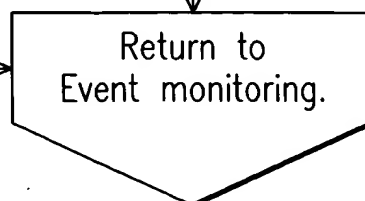


408

No Process



410



412

FIG. 14

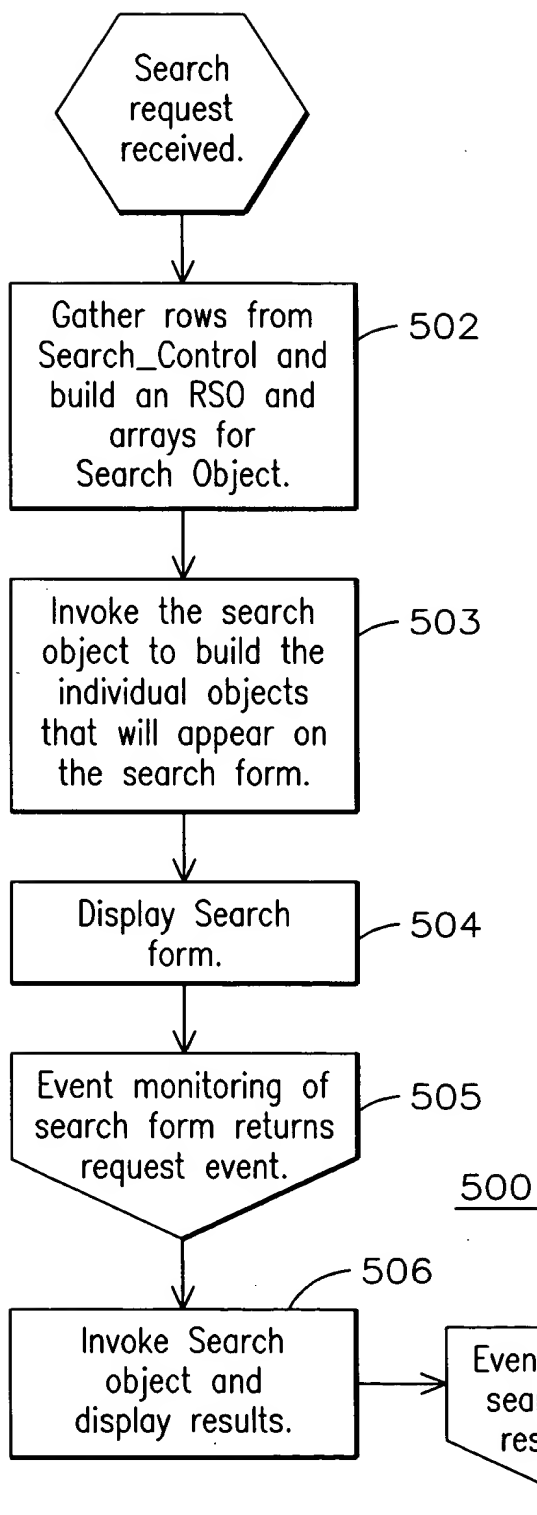


FIG. 15

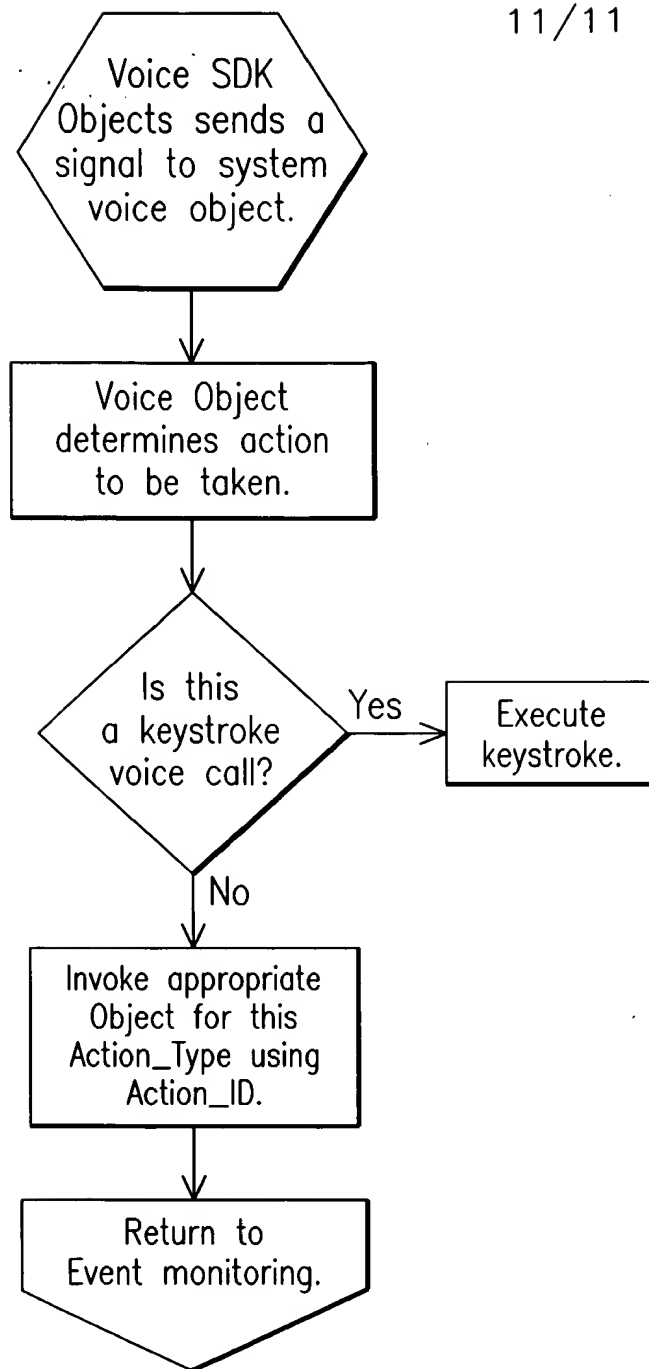


FIG. 18